PTO/SB/06 (12-04)

Approved for use through 7/31/2006, CMB 0651-0032

TOTAL

ADO'L FEE

OR

reperiors. Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) SMALL ENTITY O_O SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA BASIC FEE RATE (S) FEE G RATE (\$) N/A (37 CFR 1 16(4). (b). or (c)) FEE (B) N/A 150.00 SEARCH FEE N/A 300.00 N/A (37 CFR 1 16(N), (1), or (my) N/A NVA \$250 EXAMINATION FEE NIA \$500 tVA (37 CFR 1 16(0). (p). or (a)) N/A N/A \$100 TOTAL CLAIMS N/A \$200 (07 OFR 1 16(0) X\$ 25 minus 20 « X\$50 INDEPENDENT CLAIMS OR (3) CFR 1 16(h)) minus 3 X100 X200 If the apacification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()) +180= +360= * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II Column 1) (Column 2) (Column 3) OTHER THAN OR SMALL ENTITY CLAIMS SMALL ENTITY HIGHEST REMAINING ⋖ NUMBER PRESENT RATE (\$) AFTER ADDI-PREVIOUSLY RATE (\$) EXTRA AMENDMENT ADO: TIONAL PAID FOR MEN TIONAL Total FEE (\$) Minus DI CFR 1.16il FEE (1) 8000 X100 u X200 Application Size Fee (37 CFR 1.16(s)) Of FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST $\boldsymbol{\omega}$ REMAINING NUMBER PRESENT RATE (S) AFTER ADDI-AMENDMENT PREVIOUSLY EXTRA RATE (\$) ADOL. AMENDMENT TIONAL PAID FOR TIONAL Total press 1.16(1) FEE (S) Minus FEE (S) X\$ 25 . X\$50 Independent Of CFR 1.18(h)). OR Minus X100. X200 . Application Size Fee (37 CFR 1.16(s)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(D)) +180= +360= OR

" If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the iPTO to process) an epplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. sading gathering, preparing, and submitting the completed appsication form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent 1 Tredement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ORESS, SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "O" in column 3.